

U P R 1995

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,150.00 (2 checks)

### Complete if Known

Application Number	10/674,729
Filing Date	September 30, 2003
First Named Inventor	Marc Gianotti
Examiner Name	Bruce Edward Snow
Art Unit	3738
Attorney Docket No.	23,369-154

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0449 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____	x	50	= _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____	x	_____	= _____

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	_____	= _____

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Terminal Disclaimer fee (\$130) and Three-Month Extension fee (\$1020)

\$1150.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 27,717	Telephone 952-896-1574
Name (Print/Type)	Frederick W. Niebuhr	Date February 28, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. of: GIANOTTI, Marc

Art Group: 3738

Serial No.: 10/674,729

Examiner: Bruce Edward Snow

Filed: September 30, 2003

Atty. Docket: 23,369-154

For: Stents With Proximal and Distal End Elevations

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TRANSMITTAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed for filing please find the following:


1. Amendment (17 pages), consisting of Cover Page (1 page), Amendments to the Specification (1 page), Listing of the Claims (9 pages) and Remarks (6 pages);
2. Terminal Disclaimer (2 pages);
3. Request for Extension of Time (three months);
4. Fee Transmittal FY2005;
5. Check in the amount of \$130.00 for filing the Terminal Disclaimer;
6. Check in the amount of \$1,020.00 for the three-month extension fee; and
7. Return Receipt Post Card.

The Commissioner is authorized to charge any additional fees necessitated by this correspondence, or credit any overpayment, to Deposit Account No. 12-0449.

Please direct any questions or comments to Frederick W. Niebuhr at (952) 896-1574.

Respectfully submitted,  
Boston Scientific Scimed, Inc.

Dated: February 28, 2005

By:   
Frederick W. Niebuhr  
Registration No. 27,717

Customer No. 23452

#### CERTIFICATE OF MAILING

Pursuant to 37 CFR 1.8, I hereby certify that this Transmittal and accompanying documents listed above (items #1-7) in Application Serial No. 10/674,729 are being deposited with the U.S. Postal Service by first class mail, postage prepaid, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of deposit indicated below.

Date of Deposit: February 28, 2005

  
Geraldyn M. Vita

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